

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511753

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2			1			
3	2		1			
4	10		1			
5	10					
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49						
50						
TOTAL IND.			1			
TOTAL DEP.			9			
TOTAL CLAIMS			10			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			1					
TOTAL DEP.			9					
TOTAL CLAIMS			10					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS